Foster Family Home - Criteria Report

Home Name: Lea Daguro			Review ID:			
98-111 Lania Way			Reviewer: David Ayling			
Aiea	HI	96701	Begin Date: 11/28/2017	End Date:	11/28/17	
Foster Family Hon	ne Re	quired Certific	ate [17-1454-6]		
6.(b)	to provic services	le, for a fee, twer for adults who h	organization that wants to oper nty-four-hour living accommod ave nursing facility level of car ertificate of approval from the o	ations, including per re needs and are n	ersonal care and ho	memaker
6.(d)	To be ce	ertified as a comm	nunity care foster family home	, a person, agency	, or organization st	nall:
6.(d)(1)	Comply	with all applicable	e requirements in this chapter;	and		
6.(d)(2)	Not have	had a previous	license or certificate to provide	social or health ca	are services that w	as revoked
	not apply	elve months of the service of the se	ne current application for a cer n was successfully appealed.			
Comment: Home vi	within tw not apply sit for 2 perso	elve months of the service of the se	n was successfully appealed fication visit made on 11/28/17			
Comment: Home vi	within tw not apply sit for 2 perso	elve months of the revocation of the revocation of the revocation of the recertion of the received of the recertion of the recertion of the recertion of the re	n was successfully appealed fication visit made on 11/28/17			
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